

NOTICE OF CONTRACTING OPPORTUNITY
APPLICATION FOR NAVY CONTRACT POSITIONS

PHYSICAL THERAPIST
ISSUE DATE: March 24, 2003
THIS IS NOT A CIVIL SERVICE POSITION

I. IMPORTANT INFORMATION: CUTOFF DATE AND TIME FOR RECEIPT OF APPLICATIONS IS **3:00 PM EST ON OR BEFORE April 24, 2003**. SEND APPLICATIONS TO THE FOLLOWING ADDRESS:

NAVAL MEDICAL LOGISTICS COMMAND
ATTN: Code 22B
1681 NELSON STREET
FORT DETRICK MD 21702-9203

E-MAIL: Acquisitions@nmlc.med.navy.mil
IN SUBJECT LINE REFERENCE: "CODE 22B

A. NOTICE. This position is set aside for individual Physical Therapists only. Applications from companies will not be considered; additionally, applications from active duty Navy personnel, civilian employees of the Navy, or persons currently performing medical services under other Navy contracts will not be considered without the prior approval of the Contracting Officer.

B. POSITION SYNOPSIS: Physical Therapist. The Government is seeking to place under contract two individuals who holds a current, unrestricted license to practice as a physical therapist in any one of the fifty States, the District of Columbia, the Commonwealth of Puerto Rico, Guam or the U.S. Virgin Islands. This individual must also (1) meet all the requirements contained herein; and (2) competitively win this contract award.

Services shall be provided at the Naval Hospital, Jacksonville, FL and the Branch Medical Clinic, Mayport, FL.

You shall be on duty in the assigned clinical area for 80 hours every two weeks; between the hours of 0700 and 1700. You shall normally provide services for an 8.5 or 9 hour period (to include an uncompensated .5 or 1 hour for lunch depending on shift length), Monday through Friday. Specific hours shall be scheduled one month in advance by the Commanding Officer. Any changes in the schedule shall be coordinated between you and the Government. If you are required to work on a weekend day, you shall receive an equal amount of compensatory time off during that week. Weekend services shall be scheduled at least two weeks in advance, and are not expected to exceed 2-4 times per year. You shall arrive for each scheduled shift in a well rested condition and shall have had at least six hours of rest from all other medical duties.

You shall accrue six hours of annual leave (vacation) and two hours of sick leave at the end of every 2 week period worked. Your services shall not be required on the following federally established paid holidays: New Year's Day, Martin Luther King's Birthday, President's Day, Memorial Day, Independence Day, Labor Day, Columbus Day, Veteran's Day, Thanksgiving Day, and Christmas Day. You shall be compensated by the Government for these periods of planned absence. This position is for a period beginning from the start date, (a date agreed upon by the successful applicant and the Government), through 30 September of the same fiscal year with options to extend the contract for a total of five years. The contract will be renewable each fiscal year at the option of the Navy.

II. STATEMENT OF WORK

A. The use of "Commanding Officer" means: Commanding Officer, Naval Hospital, Jacksonville, FL, or designated representative, e.g. Contracting Officer Representative, Technical Liaison, or Department Head.

Health care workers providing services under this contract shall be rendering personal services to the Government and shall be subject to day-to-day supervision and control by Government personnel. Supervision and control is the process by which the individual health care worker receives technical guidance, direction, and approval with regard to a task(s) within the requirements of this contract.

C. DUTIES AND RESPONSIBILITIES. You shall perform services on site, using Government furnished facilities, equipment and supplies. Your actual clinical performance will be a function of the Commanding Officer's credentialing process, the overall demand for Physical Therapy service. You are responsible for delivery of treatment within the personnel and equipment capabilities of the MTF, provision of mandated medical surveillances and preventive services, and the quality and timeliness of treatment records and reports required to document procedures performed and care provided. You shall maintain liaison with the department head per established command policies. Caseload includes scheduled and unscheduled requirements for care.

ADMINISTRATIVE AND TRAINING REQUIREMENTS. You shall:

1. Direct supporting government employees assigned to you during the performance of applicable Physical Therapy duties (i.e., Physical Therapy Assistants, hospital corpsmen, students, etc.). You shall be subject to guidelines set forth in the Command's quality assurance and risk management instructions. You shall perform limited administrative duties which include, but are not limited to, maintaining statistical records of workload, participating in education programs, preparing documentation according to workload reporting procedures, overseeing ordering of supplies, ensuring efficient inventory control, maintaining patient profiles and participating in clinical staff quality assurance functions as prescribed by the Commanding Officer.
2. Assist in administrative functions with regard to processing patients and patient results as directed, to include interfacing with patient management Composite Health Care Systems computer (CHCS) and Automated Data System (ADS). Additional duties include maintaining room supplies, department cleanliness and assisting with disposal of used supplies.
3. Evaluate and report all physical therapy evaluation results, insuring that all reports are legible and signed.
4. Participate in monthly meetings to review and evaluate the care provided to patients, identify opportunities to improve the care delivered, and recommend corrective action when problems exist. Should a meeting occur outside of your regular working hours, you shall be required to read and initial the minutes of the meeting.
5. Participate in the provision of monthly inservice training to non-healthcare-practitioner members of the clinical and administrative staff on subjects germane to physical therapy services.
6. Attend annual renewal of the following Annual Training Requirements provided by the MTF: family advocacy, disaster training, infection control, Sexual Harassment, Bloodborne Pathogens and Fire Safety.
7. Participate in the implementation of the Hospital's Family Advocacy Program as directed.
8. Assist in maintaining medical records, respecting confidentiality and standard MTF protocols.
9. Attend Composite Healthcare System (CHCS) training provided by the Government for a minimum of four (4) hours, and up to a maximum of 40 hours.
10. Attend all annual retraining classes required by this command, to include Basic Life Support Level C (BLS-

C)

DB-06-03

Certification.

11. Obtain certification in American Heart Association Basic Life Support (BLS) for Healthcare Providers; American Heart Association Healthcare Provider Course; American Red Cross CPR (Cardio Pulmonary Resuscitation) for the Professional Rescuer; or equivalent. This training and certification will be provided by the Navy.

STANDARD DUTIES: You shall perform a full range of physical therapy procedures, within the scope of clinical privileges granted by the Commanding Officer, on site using Government furnished facilities, supplies and equipment. Workload shall include, but not be limited to, those procedures identified in attachment XX. Caseload occurs as a result of scheduled and unscheduled requirements for care. Routine workload will be scheduled by the central appointments system and the Physical/Occupational Therapy Department. Primary workload is a result of appointments scheduled through the Physical Therapy/Occupational Therapy Department. Secondary workload is the result of consultation requests submitted to the Physical Therapy/Occupational Therapy Department by other Staff providers. You shall:

1. Provide appropriate therapeutic procedures and provide a full range of therapy services on site in support of patient referrals from the following specialties: Orthopedics, General Medicine and Surgery, Primary Care Clinic, Rheumatology and other referrals approved by Department Head/Division Officer. As an ancillary support service, all patient contact and care rendered is expected to be safe and timely and result in achievement of realistic and documented treatment goals, and comply or satisfy the intent of the referring medical staff.
2. Test and measure patient's strength, motor development, sensory perception, functional capacity, and respiratory and circulatory efficiency. Records findings to develop or revise treatment programs.
3. Plan and prepare written treatment programs based on evaluation of patient data.
4. Administer manual exercises to improve and maintain function.
5. Instruct, motivate, and assist patient in performing various physical activities, such as nonmanual exercises, ambulatory functional activities, daily-living activities, and in use of assistive and supportive devices, such as crutches, canes, and prostheses.
6. Administer treatments involving application of physical agents, using equipment such as hot and cold hydrocollators, hydrotherapy tanks, ultrasound machine, electrical stimulation machines, iontophoresis units, and mechanical traction devices. Evaluate effects of treatment at various stages and adjust treatments to achieve maximum benefit.
7. Administer massage, applying knowledge of massage techniques and body physiology.
8. Provide wound care using a variety of dressings, debridement, lavage, and whirlpools. Evaluate effects of treatment at various stages and adjusts treatments to achieve maximum benefit..
9. Record treatment, response, and progress in patient's chart or CHCS.
10. Instruct patient and family in treatment procedures to be continued at home. Evaluate, fit, and adjust prosthetic and orthotic devices and recommend modification as required
11. Coordinate treatment with physician and other staff members to obtain additional patient information, suggest revisions in treatment program, and integrate physical therapy treatment with other aspects of the patient's health care.
12. Maintain department equipment and supplies.

13. Orient, instruct, and direct work activities of assistants, aides, students, etc.
14. Contact referring physicians regarding patient care concerns, as required.
15. Provide input and attend any meetings, rehabilitation team meetings, seminars and quality assurance meetings (during contracted hours) as required by the Department Head.
16. Provide documented treatment and discharge recommendations to members of the staff in routine, emergency and special cases as needed.
17. Provide periodic training/advice as required to promulgate the needs of the technicians.

PATIENT RECORDS AND DOCUMENTATION:

1. Maintain documentation of all treatment provided in accordance with clinic directives, and prepare such records and reports as may be required. All records and reports must be legible. Abbreviations must be only those listed in local instructions.
2. Verify the content and correctness of all prepared and transcribed reports within two working days by affixing an original signature to all copies of the document and validating its content or by computer input as appropriate.

INSTRUCTIVE FUNCTIONS

1. Support Occupational/Physical Therapy Technician(s) and provide training to patients and their families.

Credentialing and Privileging Requirements.

1. Upon award, the health care worker shall complete an Individual Credentials File (ICF) prior to performance of services. Completed ICF must be forwarded 30 days prior to performance of duties to the MTF's Professional Affairs Department. The ICF, maintained at the MTF, contains specific information with regard to qualifying degrees and licenses, past professional experience and performance, education and training, health status, and current competence as compared to specialty-specific criteria regarding eligibility for defined scopes of health care services. BUMED Instruction 6320.66C, Section 4 and Appendices B and R detail the ICF requirements. A copy of this instruction may be obtained from the World Wide Web at:

<http://navymedicine.med.navy.mil/instructions/default.asp?iPageNum=4&sort=id&desc=1>

2. If individual clinical privileges have been summarily suspended pending an investigation into questions of professional ethics or conduct, your performance under this contract may be suspended until clinical privileges are reinstated. No reimbursement shall be made and no other compensation shall accrue to you so long as performance is suspended. The denial, suspension, limitation, or revocation of clinical privileges based upon practitioner impairment or misconduct shall be reported to the appropriate authorities.

D. MINIMUM PERSONNEL QUALIFICATIONS. To be qualified for this position you must:

1. Possess a Bachelors Degree or Masters of Science Degree in Physical Therapy from a college of Physical Therapy accredited by the American Physical Therapy Association, or a Bachelors of Science Degree with Certificate.
2. Have at least two years post graduate experience as a physical therapist within the preceding five years.
3. Possess a current, unrestricted license to practice physical therapy in any one of the fifty States, the District of Columbia, the Commonwealth of Puerto Rico, Guam or the U.S. Virgin Islands. You are responsible for complying with all applicable state licensing regulations.

4. Provide three letters of recommendation from physical therapy supervisors, physicians or hospital administrators attesting to your ability, skills and knowledge. Reference letters must include name, title, phone number, date of reference, address and signature of the individual providing reference. Letters of reference must have been written within the preceding 5 years.

5. Be eligible for U.S. employment.

6. Represent an acceptable malpractice risk to the Navy.

E. FACTORS TO BE USED IN A CONTRACT AWARD DECISION. If you meet the minimum qualifications listed in the paragraph above entitled, "Minimum Personnel Qualifications" you will be ranked against all other qualified applicants using the following enhancing criteria, listed in descending order of importance. The "Personal Qualification Sheet", Letters of Recommendation, and, if you have prior military services, the Form DD214, shall be used to evaluate these items.

1. Quality and quantity of training and experience as it relates to the duties contained herein. A Masters Degree in physical therapy may enhance your ranking, then,

2. The letters of recommendation required in item D.4, above, may enhance your ranking if they address such items as clinical skills, professionalism, or specific areas of expertise as they relate to this statement of work, etc, then,

3. Additional medical certifications or licensure, then,

4. Total Continuing Education hours, then,

5. Prior experience in a military medical facility. Provide Form DD214.

6. Certification in American Heart Association Basic Life Support (BLS) for Healthcare Providers; American Heart Association Healthcare Provider Course; American Red Cross CPR (Cardio Pulmonary Resuscitation) for the Professional Rescuer; or equivalent.

F. INSTRUCTIONS FOR COMPLETING THE APPLICATION. To be qualified for this contract position, you must submit the following:

1. _____ A completed " *Personal Qualifications Sheet – Physical Therapist" (Attachment I).
2. _____ A completed Pricing Sheet (Attachment III).
3. _____ Proof of employment eligibility (Attachment IV).
4. _____ Three or more letters of recommendation per paragraph D.4., above.
5. _____ Central Contracting Registration Confirmation Sheet (Attachment V)
6. _____ Small Business Representation (Attachment VI)

*Please answer every question on the " Personal Qualifications Sheet - Physical Therapist". Mark "N/A" if the item is not applicable.

G. OTHER INFORMATION FOR OFFERORS.

ISA HANDBOOK available at <http://www-nmlc.med.navy.mil/acquisitions/acquisitions.htm> under Handbooks, OR can be requested from the contract specialist listed below.

After your application is reviewed, the Government will do at least one of the following: (1) Call you to negotiate your price, or (2) Ask you to submit additional papers to ensure you are qualified for the position, (3) Send you a

letter to tell you that you are either not qualified for the position or that you are not the highest qualified individual, or (4) Make contract award from your application. If you are the successful applicant, the contracting officer will mail to you a formal government contract for your signature. This contract will record the negotiated price, your promise to perform the work described above, how you will be paid, how and by whom you will be supervised, and other rights and obligations of you and the Navy. Since this will be a legally binding document, you should review it carefully before you sign.

PLEASE NOTE: As of June 1, 1998 all contractors must be registered in the Central Contractor Registration (CCR) as a prerequisite to receiving a Department of Defense (DoD) contract. You may register in the CCR through the World Wide Web at <http://www.ccr.gov>. This website contains all information necessary to register in CCR. An extract from this website is provided as Attachment V to this application.

You will need to obtain a DUNS (Data Universal Numbering System) number prior to registering in the CCR database. This DUNS number is a unique, nine-character company identification number. Even though you are an individual, not a company, you must obtain this number. You may do so by calling Dun and Bradstreet at 1-800-333-0505.

The CCR also requires several other codes as follows:

CAGE Code: A Commercial and Government Entity (CAGE) code is a five-character vendor ID number used extensively within the DoD. If you do not have this code, one will be assigned automatically after you complete and submit the CCR form.

US Federal TIN: A Taxpayer ID Number or TIN is the same as your Social Security Number.

NAICS Code: A North American Industry Classification System code is a numbering system that identifies the type of products and/or services you provide. The NAICS Code for 621498.

If you encounter difficulties registering in the CCR, contact the CCR Registration Assistance Centers at 1-888-227-2423 or call your Contract Specialist or Contracting Officer at NMLC. Normally, registration completed via the Internet is accomplished within 48 hours. Registration of an applicant submitting an application through the mail or via facsimile may take up to 30 days. Therefore, you are encouraged to apply for registration immediately upon receipt of the Notice of Contracting Opportunity. Any contractor who is not registered in CCR will NOT get paid.

Upon notification of contract award, you will be required to obtain a physical examination at your expense. The physician must complete the questions in the physical certification, which will be provided with the contract. You will also be required to obtain the liability insurance specified in Attachment III, Pricing Information. Before commencing work under a Government contract, you must notify the Contracting Officer in writing that the required insurance has been obtained.

A complete, sample contract is available upon request.

Any questions must be directed to: E-Mail: Acquisitions@nmlc.med.navy.mil (NOTE: Reference Code 22B in the Subject Line) or Telephone (301) 619-2062.

We look forward to receiving your application.

PERSONAL QUALIFICATIONS SHEET – PHYSICAL THERAPIST

1. Every item on the Personal Qualifications Sheet must be addressed. Please sign and date where indicated. Any additional information required may be provided on a separate sheet of paper (indicate by number and section the question(s) to be addressed).

2. The information you provide will be used to determine your acceptability based on Section D of the solicitation. In addition to the Personal Qualifications Sheet, please submit three letters of recommendation as described in Item VI. of this sheet, a and copy of your curriculum vitae or resume.

3. After contract award, all of the information you provide will be verified during the credentialing process. At that time, you will be required to provide the following documentation verifying your qualifications: Professional Education Degree, Professional Licensure, Release of Information, Personal and Professional Information Sheet, all medical licenses held within the preceding 10 years, continuing education certificates, and employment eligibility documentation. If you submit false information, your contract may be terminated for default. This action may initiate the suspension and debarment process, which could result in the determination that your are no longer eligible for future Government contracts.

4. Health Certification. Individuals providing services under Government contracts are required to undergo a physical exam 60 days prior to beginning work. The exam is not required prior to award but is required prior to the performance of services under contract. By signing this form, you have acknowledged this requirement.

5. Practice Information:

	Yes	No
1. Have you ever been the subject of a malpractice claim? (indicate final disposition of case in comments)	___	___
2. Have you ever been a defendant in a felony or misdemeanor case? (indicate final disposition of case in comments)	___	___
3. Has your license to practice or DEA certification ever been revoked or restricted in any state?	___	___

If any of the above is answered "yes" attach a detailed explanation. Specifically address the disposition of the claim or charges for numbers 1 and 2 above, and the State of the revocation for number 3 above.

PRIVACY ACT STATEMENT

Under 5 U.S.C. 552a and Executive Order 9397, the information provided on this page and the Personal Qualifications Sheet is requested for use in the consideration of a contract; disclosure of the information is voluntary; failure to provide information may result in the denial of the opportunity to enter into a contract.

(Signature)

(Date)

(mm/dd/yy)

Personal Qualifications Sheet – Physical Therapist

I. General Information

Name: _____ SSN: _____

Last First Middle

Address: _____

Phone: (____) _____

II. Professional Education:

Physical Therapy Degree from: _____
(Name of accredited School and location)

Date of Degree: _____ (mm/dd/yy)

III. Professional Licensure (Physical Therapy License must be current and valid):

_____ (mm/dd/yy)

State Date of Expiration

IV. Professional Employment: List your current and preceding employers.

Name and Address of Present Employer From To
(1) _____

_____Work Performed: _____

Names and Addresses of Preceding Employers

From To
(2) _____

_____Work Performed: _____
_____From To
(3) _____

_____Work Performed: _____

Are you currently employed on a Navy contract? If so where is your current contract and what is the position?

When does the contract expire? _____

V. Continuing Education:

Title of Course	Course Dates	CE Hrs
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

VI. Professional References:

Provide three letters of recommendation from physical therapy supervisors, physicians or hospital administrators attesting to your ability, skills and knowledge. Reference letters must include name, title, phone number, date of reference, address and signature of the individual providing reference. Letters of reference must have been written within the preceding 5 years.

VII. Additional Medical Certifications or Licensure (Include subspecialty certifications)

Type of Certification or License and Date of Certification or Expiration

VIII. Basic Life Support Certification in American Heart Association Basic Life Support (BLS) for Healthcare Providers; American Heart Association Healthcare Provider Course; American Red Cross CPR (Cardio Pulmonary Resuscitation) for the Professional Rescuer; or equivalent. This training and certification will be provided by the Navy.

Training Type listed on Card: _____
 Expiration Date: _____ (mm/dd/yy)

IX. Employment Eligibility (Provide copies of supporting documentation):

	Yes	No
Do you meet the requirements for U.S. Employment Eligibility contained in Section V?	_____	_____

X. I hereby certify the above information to be true and accurate:

_____	_____ (mm/dd/yy)
(Signature)	(Date)

PHYSICAL THERAPY PROCEDURES

Provide examination, consultation, evaluation, and treatment of patients with neuromusculoskeletal symptoms referred by other health care practitioners

Tests, therapies, and procedures:

- Tests of strength, balance, coordination, endurance, and gait
- Gait training
- Phonophoresis
- Electrotherapy
- Iontophoresis
- Thermal therapy
- Cryotherapy
- Exercise therapy
- Range and quality of motion
- Hydrotherapy including superficial wound debridement and dressing changes
- Activities of daily living
- Response to electrical current
- Fitting and fabrication of prosthetics, orthotics, supports, splints, and orthoses
- Manual therapy to periphery

PHYSICAL THERAPY – ADDITIONAL PROCEDURES

- Perform initial evaluation and treatment of patients with neuromusculoskeletal symptoms without physician referral (patient to be referred to a physician if no improvement in 2 weeks)
- Refer patients to physicians or other health care practitioners
- Request appropriate diagnostic radiologic studies (to be interpreted by a radiologist or orthopedist)
- Request appropriate diagnostic laboratory studies; e.g., complete blood count, urinalysis, and lipids (to be interpreted by a medical officer)
- Prescribe aspirin, tylenol, parafon forte, robaxin, and designated nonsteroidal anti-inflammatory drugs (to be filled only at the facility's pharmacy)
- Authorize binnacle list (sick list) not to exceed 72 hours
- Authorize light duty restrictions not to exceed 2 weeks
- Perform and provide an impression of electroneuromyographic examination upon physician referral
- Apply manual therapy to spinal joints
- Pediatric neuromusculoskeletal development evaluation and treatment
- Developmental pediatrics
- Neonatal intensive care

**PRICING SHEET
PHYSICAL THERAPIST**

PERIOD OF PERFORMANCE

Services are required from 1 July 2003 through 30 September 2003 for one (1) Full Time Physical Therapist at the Naval Hospital, Jacksonville, FL and Branch Medical Clinic, Mayport, FL. The Contracting Officer reserves the right to adjust the start and end dates of performance to meet the actual contract start date

PRICING INFORMATION

Insert the price per hour that you want the Navy to pay you. The Government will neither award a contract that is too high nor too low. Your price should be enough to sustain you; however, it should not be out of line with prices of other Physical Therapists in the Jacksonville, FL area. **Please note that if you are awarded this contract, you will be responsible for paying all federal, state and, local taxes. The Navy does not withhold any amount for taxes. Your proposed prices should contain the amount you will pay in taxes.** In addition, before commencing work under this contract the health care worker shall obtain the following required levels of insurance at his or her own expense: (a) General Liability - Bodily injury liability insurance coverage written on the comprehensive form of policy of at least \$500,000 per occurrence, and (b) Automobile Liability - Auto liability insurance written on the comprehensive form of policy. Provide coverage of at least \$200,000 per person and \$500,000 per occurrence for bodily injury and \$20,000 per occurrence for property damage.

Multiply the "Unit Price" by the "Quantity", entering the total in the "Total Amount" column.

Check all math to assure that your computations are accurate.

<u>Contract Line Item</u>	<u>Description</u>	<u>Quantity</u>	<u>Unit</u>	<u>Unit Price</u>	<u>Total Amount</u>
0001	The health care worker agrees to perform on behalf of the Government, the duties of one (1) Full Time Physical Therapist for the Naval Hospital, Jacksonville, FL or at the Branch Medical Clinic, Mayport, FL in accordance with the statement of work and the resulting contract.				
0001AA	Base Period; 1 Jul 03 thru 30 Sep 03	528	Hrs	_____	_____
0001AB	Option Period I; 1 Oct 03 thru 30 Sep 04	2096	Hrs	_____	_____
0001AC	Option Period II; 1 Oct 04 thru 30 Sep 05	2088	Hrs	_____	_____
0001AD	Option Period III; 1 Oct 05 thru 30 Sep 06	2088	Hrs	_____	_____
0001AE	Option Period IV; 1 Oct 06 thru 30 Sep 07	2088	Hrs	_____	_____
0001AF	Option Period V; 1 Oct 07 thru 30 Jun 08	1560	Hrs	_____	_____
TOTAL CONTRACT LINE ITEMS 0001:					_____

LOCATION PREFERENCE: Naval Hospital Jacksonville _____ Branch Medical Clinic Mayport _____

Printed Name _____

Signature _____ Date _____

1. U. S. Passport (unexpired or expired)
2. Certificate of U. S. Citizenship (INS Form N-560 or N-561)
3. Certificate of Naturalization (INS Form N-550 or N-570)
4. Unexpired foreign passport, with I-551 stamp or attached INS Form I-94 indicating unexpired employment authorization.
5. Alien Registration Receipt Card with photograph (INS Form I-151 or I-551)
6. Unexpired Temporary Resident Card (INS Form I-688)
7. Unexpired Employment Authorization Card (INS Form I-688A)
8. Unexpired Reentry Permit (INS Form I-327)
9. Unexpired Refugee Travel Document (INS Form I-571)
10. Unexpired Employment Authorization Document issued by the INS which contains a photograph (INS Form I-698B)

12. Day-care or nursery school record

**CENTRAL CONTRACTOR REGISTRATION APPLICATION
CONFIRMATION SHEET**

As of June 1, 1998 all contractors must be registered in the Central Contractor Registration (CCR) as a prerequisite to receiving the Department of Defense (DoD) contract.

Registration through the World Wide Web is preferred. The Web address is <http://www.ccr.gov/>. If you do not have internet access, please contact the CCR Customer Assistance Center at 1-888-227-2423 to request a copy of the application.

In order to register with the CCR you are required to obtain a DUNS number from Dun & Bradstreet. Please contact Dun & Bradstreet at 1-800-333-0505 to request a number or request the number via internet at <http://www.dnb.com/aboutdb/dunsform.htm>.

After you have completed registration, please forward this document along with your completed application package by the application due date to:

Naval Medical Logistics Command
Acquisition Management Directorate
ATTN: Code 022B
1681 Nelson Street
Fort Detrick, MD 21702-9203

Name: _____

Company: _____

Address: _____

Date CCR Form was submitted: _____

Assigned DUN & BRADSTREET #: _____

Personal E-Mail Address: _____

SMALL BUSINESS PROGRAM REPRESENTATIONS

As stated in paragraph I.A. of this application this position is set-aside for individuals. As an individual you are considered a Small Business for statistical purposes. If you are female, you are considered a woman-owned small business. If you belong to one of the racial or ethnic groups in section B, you are considered a small disadvantaged business. To obtain further statistical information on Women-owned and Small Disadvantaged Businesses you are requested to provide the additional information requested below.

NOTE: This information will not be used in the selection process nor will any benefit be received by an individual based on the information provided.

Check as applicable:

Section A.

- ☐ () The offeror represents for general statistical purposes that it is a woman-owned small business concern.
- ☐ () The offeror represents, for general statistical purposes, that it is a small disadvantaged business concern as defined below.
- ☐ () The offeror represents for general statistical purposes that it is a service disabled veteran owned small business.

0 Section B

[Complete if offeror represented itself as disadvantaged in this provision.] The offeror shall check the category in which its ownership falls:

- ☐ Black American.
- ☐ Hispanic American.
- ☐ Native American (American Indians, Eskimos, Aleuts, or Native Hawaiians).
- ☐ Asian-Pacific American (persons with origins from Burma, Thailand, Malaysia, Indonesia, Singapore, Brunei, Japan, China, Taiwan, Laos, Cambodia (Kampuchea), Vietnam, Korea, The Philippines, U.S. Trust Territory of the Pacific Islands (Republic of Palau), Republic of the Marshall Islands, Federated States of Micronesia, the Commonwealth of the Northern Mariana Islands, Guam, Samoa, Macao, Hong Kong, Fiji, Tonga, Kiribati, Tuvalu, or Nauru).
- ☐ Subcontinent Asian (Asian-Indian) American (persons with origins from India, Pakistan, Bangladesh, Sri Lanka, Bhutan, the Maldives Islands, or Nepal).

Offeror's Name Printed: _____

Offeror's Signature: _____

Date: _____